| Health Regu | ulation & Licensing | Administration | | | |
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| STATEMENT OF AND PLAN OF C | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | · · · | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
| | | HSA-0002 | B. WING | | 08/06/2021 |
| NAME OF PROV | IDER OR SUPPLIER | STREET ADD | RESS, CITY, ST | ATE, ZIP CODE | |
| COREWOOD |) CARE, LLC | | ONSIN AVE | NUE, NW, SUITE 501 0015 | |
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| Ar vir 08 Su CH Th cli pr sa re thu re co sta bo D0 HI HS S Q0 (4 Ba de ag of tel #3 Fil 1. | rtually 08/03/2021, 8/06/2021 to detern upport Agency Reg hapter 99. The Home Support A fents and employed ofessional and adr ample of 10 active of cords were selected e survey were basic cord review, a revi- omplaints and incide aff interviews. Sted below are able ody of this report: ON - Director of Nu- HA - Home Health SA - Home Suppor 011.1a4 Client Server) Conditions for diased on record rev- etermined that the a greements failed to the conditions for n service agreeme 8, #4, #5, #6, #7, #6 On 08/04/2021 at | ensure survey was conducted 08/04/2021, 08/05/2021 and nine compliance with the Home julations, Title 22B DCMR, Agency provided care for 12 d 32 personnel, to include ninistrative staff. A random client records, and 26 personnel ed for review. The findings of ed on client and administrative ew of the agency's response to ents received and six client and previations used throughout the ursing Aide t Agency vice Agreement scharge and appeal; iew and interview, it was agency's client service provide accuracy in the terms discharge and appeal in ten of nts reviewed (Clients #1, #2, | R 000 | Corewood Care is filing this response purpose of confirming compliance we requests of the Department of Health to the annual audit completed on 08. This response is not an admission of or a statement of agreement with res- issue identified within the agency but submitted to demonstrate regulatory compliance. Deficiency The agency's client service agreement to provide the correct information for terms of the conditions for discharge appeal. Corrective action(s) accomplished address identified deficient practic Clients #1, #2, #3, #4, #5, #6, #7, #4 #10 The Agency removed erroneous lang- and included specific language in the Services Agreement stating that the conditions for discharge and the app process are governed by the District Columbia and that the home support complies with all other applicable Dis Columbia laws and regulations. The regarding Maryland laws has been re The changes were made to the stan used for the client services agreement now the current standard template a | ith h related /06/2021. f liability spect to t is ents failed the e and for d to ce for B, #9 and guage e Client heal of t agency strict of language emoved. dard form nt and is |
| Health Regulation | a & Licensing Administra | ition | | L | |
| | ector's or provider/s O'Donoghu | SUPPLIER REPRESENTATIVE'S SIGNATURE | | Director | ^(X6) DATE 09/27/2021 |
| STATE FORM | | | | RK2911 | If continuation sheet 1 of 14 |

| | T OF DEFICIENCIES DF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION () | (3) DATE SURVEY COMPLETED |
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| OREWO | DOD CARE, LLC | | TON, DC 2 | NUE, NW, SUITE 501 0015 | |
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| R 180 | Continued From pag | - | R 180 | Systemic Changes | |
| | by the client's repres the agreement failed regarding the condit must be noted that w service agreement u and Jurisdiction and "disputes arising out will be resolved by a in Montgomery Cour process is governed Columbia. 2. On 08/04/2021 at #2's record showed signed on 03/13/201 Continued review of accurately guide clied discharge and appe- item number 15 in th title "Governing Law Costs," it states, "dis to this Agreement w having jurisdiction in Maryland." The appe- laws of the District o 3. On 08/04/2021 at #3's record showed signed on 05/19/202 Continued review of accurately guide clied discharge and appe- item number 13 in th title "Governing Law Costs," it states, "dis | 12:00 PM, a review of Client a service agreement that was 20 by the client's representative. The agreement failed to ents regarding the conditions for al. It must be noted that within the service agreement, under the or and Jurisdiction and Legal sputes arising out of or relating ill be resolved by a State Court | | To ensure the deficient practice does recur, Corewood Care amended and updated the language in the standard Client Services Agreement used for a clients, including current clients and prospective clients. These edits were made under the title "Governing Law Jurisdiction and Legal Costs". The ne language was amended and is the following: "This Agreement will be governed by the laws of the District of Columbia. Disputes arising out of or relating to this Agreement will be reso by a court having jurisdiction in the D of Columbia. The conditions for disch and the appeal process are governed the District of Columbia. CWC compli with all other applicable federal and District of Columbia laws and regulati A copy of the updated agreement wa provided to the Department. | and ww f olved istrict arge by es ons". s ons". s ons". s ons of f f ons for ed by |

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| | ROVIDER OR SUPPLIER | 5255 WISC | RESS, CITY, STA CONSIN AVE TON, DC 20 | NUE, NW, SUITE 501 | |
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| R 180 | County, Maryland." by the laws of the Di 4. On 08/04/2021 #4's record showed signed on 03/17/202 Continued review of accurately guide clied discharge and appea item number 15 in th title "Governing Law Costs," it states, "dis to this Agreement wi having jurisdiction in Maryland." The appea laws of the District o 5. On 08/05/2021 a #5's record showed signed on 03/16/202 Continued review of accurately guide clied discharge and appea item number 13 in th title "Governing Law Costs, " it states, "di to this Agreement wi having jurisdiction in Maryland." The appea item number 13 in th title "Governing Law Costs, " it states, "di to this Agreement wi having jurisdiction in Maryland." The appea laws of the District o 6. On 08/05/2021 a #6's record showed signed on 03/30/202 Continued review of accurately guide clied | The appeal process is governed istrict of Columbia. at 1:00 PM, a review of Client a service agreement that was 0 by the client's representative. the agreement failed to ents regarding the conditions for al. It must be noted that within he service agreement, under the and Jurisdiction and Legal sputes arising out of or relating ill be resolved by a State Court Montgomery County, eal process is governed by the f Columbia. at 11:00 AM, a review of Client a service agreement that was 21 by the client's representative. the agreement failed to ents regarding the conditions for al. It must be noted that within he service agreement, under the and Jurisdiction and Legal sputes arising out of or relating ill be resolved by a State Court Montgomery County, eal process is governed by the | R 180 | Monitoring Process The boilerplate agreement used Client Services Agreement for O Care has been updated to refle correct language and provisions erroneous language was remove the agreement. All current client future clients will receive and all updated Client Services Agreement the correct language to ensure with the laws of the District of C Corewood care has amended the services agreement to ensure the correct language is reflected and the deficient practice does not reflect | Corewood ct the s. The ved from ts and bide by the nent with compliance columbia. he client hat the id so that |

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| COREWO | OD CARE, LLC | | CONSIN AVEI TON, DC 20 | NUE, NW, SUITE 501 015 | | |
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| | "Governing Law and it states, "disputes a Agreement will be re jurisdiction in Montg appeal process is go District of Columbia. 7. On 08/05/2021 a #7's record showed signed on 06/07/202 Continued review of accurately guide clie | at 12:15 PM, a review of Client a service agreement that was 21 by the client's representative. the agreement failed to ents regarding the conditions for | | | | |
| | item number 13 in th title "Governing Law Costs, " it states, "di to this Agreement w having jurisdiction in Maryland." The appe laws of the District o 8. On 08/05/2021 a | at 1:30 PM, a review of Client | | | | |
| | signed on 03/06/201 Continued review of accurately guide clied discharge and appea the service agreeme Law," it states, "I und shall be construed, i laws of the State of is governed by the la | a service agreement that was 8 by the client's representative. the agreement failed to ents regarding the conditions for al. It must be noted that within ent, under the title "Governing derstand that this agreement nterpreted and governed by the Maryland." The appeal process aws of the District of Columbia. | | | | |
| Health Recula | #9's record showed | | | | | |

| Health R | egulation & Licensing | Administration | | | |
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| | T OF DEFICIENCIES DF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | ATE, ZIP CODE | |
| COREWO | OOD CARE, LLC | | ONSIN AVE | NUE, NW, SUITE 501 0015 | |
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| | regarding the condit must be noted that v service agreement, i and Jurisdiction and "disputes arising out will be resolved by a in Montgomery Cour process is governed Columbia. 10. On 08/05/2021 #10's record showed signed on 08/28/201 Continued review of accurately guide clied discharge and appea- item number 16 in th | accurately guide clients ions for discharge and appeal. It vithin item number 13 in the under the title "Governing Law Legal Costs, " it states, of or relating to this Agreement State Court having jurisdiction nty, Maryland." The appeal by the laws of the District of at 3:10 PM, a review of Client d a service agreement that was 9 by the client's representative. the agreement failed to ents regarding the conditions for al. It must be noted that within he service agreement, under the | | | |
| | Costs, " it states, "di to this Agreement w having jurisdiction in Maryland." The appe laws of the District o During an interview | and Jurisdiction and Legal sputes arising out of or relating ill be resolved by a State Court Montgomery County, eal process is governed by the f Columbia. with the Director and DON on PM, the Director acknowledged | | | |
| | Health's Complaint I Based on record rev determined that the agreement failed to the Department of H ten service agreement | aber for the Department of Hotline; riew and interview, it was agency's client service specify the contact number for lealth complaint hotline in ten of ents reviewed (Clients | R 190 | | |
| lealth Regula | ation & Licensing Administra | ation | | | |

STATE FORM

| ATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X3) DATE SURVEY COMPLETED |
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| AME OF PROVIDER OR SUPPLIER | 5255 WISC | | TATE, ZIP CODE ENUE, NW, SUITE 501 | |
| PREFIX (EACH DEFICIENCY MUS | TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL REGULATORY ENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE COMPLET |
| Findings included: 1. On 08/04/2021 10:00 AM, a review service agreement by the client's repret the agreement faile Department of Heal Additionally, it must in the service agree shall be construed, laws of the State of hotline is established the District of Colure 2. On 08/04/2021 #2's record showed signed on 03/13/20 Continued review of the number for the hotline. Additionally number 15 in the set agreement shall be governed by the law complaint hotline is the laws of the District 3. On 08/04/2021 #3's record showed signed on 05/19/20 Continued review of the number for the hotline. Additionally number 15 in the set agreement shall be governed by the law complaint hotline is the laws of the District 3. On 08/04/2021 #3's record showed signed on 05/19/20 Continued review of the number for the hotline. Additionally number 13 in the set agreement 13 | #6, #7, #8, #9, and #10). at 10:30 AM and 08/05/2021 at of Client #1's record showed a that was signed on 03/28/2021 esentative. Continued review of do show the number for the lth complaint hotline. t be noted that within number 13 ement it states, "this agreement interpreted and governed by the Maryland." The complaint ed and governed by the laws of mbia. at 1:30 PM, a review of Client a service agreement that was 19 by the client's representative. If the agreement failed to show Department of Health complaint of Health complaint of the agreement it states, "this construed, interpreted and governed by the state of Maryland." The established and governed by | R 190 | Deficiency Agency's client services agreement provide the Department of Health hotline number. Corrective action(s) accomplish address identified deficient practices identified deficient practices #1, #2, #3, #4, #5, #6, #7 #10. The Agency shall include, on the the client services agreement, the of Health's Complaint Hotline Nurclient services agreement has be to reflect this change and is now the template used. Systemic Changes To ensure the deficient practice arecur, Corewood Care has amernadded the Department of Health Complaint Hotline number on the page of the Client Services Agree The new language is the followin acknowledges that Client has rearread, and understood Client Bill here attached as Exhibit D, incluit telephone number of the Department of Health's complaint hotline. The Department of Health's complaint hotline. The Department of Health's complaint hotline. The provided to the Department. | 's complaint hed to ctice for , #8, #9 and first page of a Departmen nber. The en updated the standard does not ided and 's a first ement. ig: "Client ceived, of Rights ding the ment of <u>aint</u> <u>79</u> ". A |

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| R 190 | governed by the law complaint hotline is of the laws of the Distri- 4. On 08/04/2021 a #4's record showed signed on 03/17/202 Continued review of the number for the D hotline. Additionally, number 15 in the se agreement shall be governed by the law | s of the State of Maryland." The established and governed by ict of Columbia. At 1:00 PM, a review of Client a service agreement that was 20 by the client's representative. the agreement failed to show Department of Health complaint it must be noted that within rvice agreement it states, "this construed, interpreted and s of the State of Maryland." The established and governed by | R 190 | Current clients receiving serv signed the previous agreeme formal addendum, on compar from the Director. This formal informed the client and/or leg representative that the Client Agreement was governed by the District of Columbia. The discharge and for appeal are the laws of the District of Colu addendum was sent via track an acknowledgement of recei the updated addendum was p the Department. | nt, received a ny letterhead addendum al Services the laws of conditions for governed by umbia. This ed email with ipt. A copy of |
| | #5's record showed signed on 03/16/202 Continued review of the number for the E hotline. Additionally, number 13 in the se agreement shall be governed by the law complaint hotline is of the laws of the Distrient. 6. On 08/05/2021 a #6's record showed signed on 03/30/202 Continued review of the number for the E hotline. Additionally, number 13 in the se agreement shall be a greement shall be a signed on 03/30/202 Continued review of the number for the E hotline. Additionally, number 13 in the se agreement shall be a signed on the shall be a shall be a signed shall be a shall be shall be a shall be a shall be a shall be a sha | 11:00 AM, a review of Client a service agreement that was 21 by the client's representative. the agreement failed to show Department of Health complaint it must be noted that within rvice agreement it states, "this construed, interpreted and s of the State of Maryland." The established and governed by ict of Columbia. At 11:30 AM, a review of Client a service agreement that was 21 by the client's representative. the agreement failed to show Department of Health complaint it must be noted that within rvice agreement it states, "this construed, interpreted and s of the State of Maryland." | | Monitoring Process The boilerplate form used for Services Agreement for Core has been updated to reflect th complaint hotline number. All clients and new clients have to Department of Health compla number compliance with the I District of Columbia. Corewood amended the client services a ensure that the correct inform provided and so that the define does not reoccur. Date of Completion 09/10/2021 and ongoing. | wood Care ne correct current the correct int hotline aws of the od care has agreement to nation is |

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| Health R | egulation & Licensing | Administration | | | - | |
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| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
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| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | | |
| COPEWO | DOD CARE, LLC | 5255 WISC | ONSIN AVE | NUE, NW, SUITE 501 | | |
| CORLWC | JOD CARL, LLC | WASHING | TON, DC 20 | 015 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUST | ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE COMPLETE | Ē |
| R 190 | Continued From pag | je 7 | R 190 | | | |
| | The complaint hotlin by the laws of the Di | e is established and governed istrict of Columbia. | | | | |
| | #7's record showed signed on 06/07/202 Continued review of the number for the E hotline. Additionally, number 13 in the set agreement shall be of governed by the law complaint hotline is of the laws of the Distribute as the laws of the number for the E hotline. Additionally, service agreement it be construed, interprof the State of Maryl established and gov of Columbia. 9. On 08/05/2021 as #9's record showed signed on 06/22/202 Continued review of the number for the E hotline. Additionally, number 13 in the set agreement shall be a governed by the law complaint hotline is a complaint hotline is a complaint hotline is a complaint hotline. | at 1:30 PM, a review of Client a service agreement that was 8 by the client's representative. the agreement failed to show Department of Health complaint it must be noted that within the states, "this agreement shall reted and governed by the laws and." The complaint hotline is erned by the laws of the District at 2:40 PM, a review of Client a service agreement that was 21 by the client's representative. the agreement failed to show Department of Health complaint it must be noted that within rvice agreement it states, "this construed, interpreted and s of the State of Maryland." The established and | | | | |
| lealth Regula | ation & Licensing Administra | ation | | | | |

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| NAME OF P | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | ATE, ZIP CODE | | |
| COREWO | DOD CARE, LLC | | ONSIN AVE | NUE, NW, SUITE 501 0015 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUST | ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | BE | (X5) COMPLETE DATE |
| R 190 | 10. On 08/05/2021 #10's record showed signed on 08/28/201 Continued review of the number for the D hotline. Additionally, number 16 in the se agreement shall be governed by the law complaint hotline is of the laws of the Distri- | s of the District of Columbia. at 3:10 PM, a review of Client d a service agreement that was 9 by the client's representative. the agreement failed to show Department of Health complaint it must be noted that within rvice agreement it states, "this construed, interpreted and s of the State of Maryland." The established and governed by | R 190 | | | |
| | home support agend regarding the client's "Assessment and Ca client records review Findings included: 1. On 08/04/2021 a #2's record showed and Care Plan" that registered nurse. Wi registered nurse doo high fall risk and req | ations of the client; iew and staff interview, the cy failed to include relevant data s 'functional limitations in are Plans" for three of ten active ved (Clients #2, #4 and #8). at 1:30 PM, a review of Client a document titled "Assessment was completed by the thin the document, the cumented that the client was a uired assistance with activities strumental activities of daily v of the document | R 208 | Deficiency Information regarding the client's fur limitations was not completed or inclout out of the 10 active client records. Corrective action(s) accomplisher address identified deficient practic Clients #2, #4 and #8. The system used to document the c assessment performed by the Regis Nurse was updated to ensure that fut limitations must be completed to final assessment. The clients profiles we corrected and updated to ensure the complete and included this information | luded in 3 d to ce for lient's stered unctional alize the re ey were | |

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If continuation sheet 9 of 14

| STATEMEN | egulation & Licensing T OF DEFICIENCIES DF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | (X3) DATE S COM | SURVEY PLETED |
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| COREWO | ROVIDER OR SUPPLIER | 5255 WISC WASHING | TON, DC 2 | NUE, NW, SUITE 501 0015 | , | |
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| R 208 | showed a section tit was left blank. It sho receiving home heal day, seven days a w 08/03/2021. Addition (HSA) failed to direct in ensuring client sa client's functional lin 2. On 08/04/2021 #4's record showed that was completed 05/21/2021. Within t nurse documented t required stand-by as living and instrumen should be noted tha health aide services week from 07/01/20 Additionally, the age | led "Functional Limitations" that buld be noted that the client was th aide services six hours a veek from 07/05/2021 through hally, the Home Support Agency to the Home Health Aide (HHA) fety by failing to identify the hitations. at 1:00 PM, a review of Client a document titled "Plan of Care" by the registered nurse on he document, the registered hat the client was a fall risk and ssistance with activities of daily tal activities of daily living. It t the client was receiving home 12 hours a day, seven days a 21 through 08/03/2021. ency failed to direct the aide in safety by failing to identify the | R 208 | Systemic Changes To ensure the deficient practic recur, the agency's electronic is system was adjusted to ensure functional limitations would alw included and completed in the assessment and reassessmen settings in the system were ch that all client profiles always ha "functional limitations" as a sec completed and so the assessm be completed or saved without this information. This default se ensure that the client's function limitations in regard to their ab particularly their physical limitat cognitive limitations, and any b limitations are assessed and c By changing this setting, an all generated so that any clients w have this section completed by Registered Nurse would need | ecords that vays be client's ts. The anged so ave tion to be nent cannot completing etting will hal lities, tions, ehavioral ompleted. ert was vho did not o the | |
| | #8's record showed and Care Plan" that registered nurse. We registered nurse doo high fall risk and reco of daily living and ins living. Further review section titled "Function blank. It should be no receiving HHA servi a week from 06/01/2 Additionally, the Home to direct the Home F | at 1:30 PM, a review of Client a document titled "Assessment was completed by the thin the document, the cumented that the client was a uired assistance with activities strumental activities of daily v of the document showed a onal Limitations" that was left oted that the client was ce 24 hours a day, seven days 2021 through 07/31/2021. me Support Agency (HSA) failed fealth Aide (HHA) in ensuring g to identify the client's s. | | addressed. A review was perfor current client Assessments and plans. Information regarding the functional limitations was added profiles if this section was not of These functional limitations was with the HHAs assisting these they had additional information care tasks and care plans. A c updated assessment form was the Department. | ormed of all d Care e clients' d to the completed. are reviewed clients and i in their opy of the | |

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| NAME OF PF | ROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, SI | TATE, ZIP CODE | - | |
| COREWO | OD CARE, LLC | | | ENUE, NW, SUITE 501 | | |
| | | | TON, DC 2 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUST | ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) | BE | (X5) COMPLETE DATE |
| R 208 | Continued From page | je 10 | R 208 | Monitoring Process | | |
| R 209 | | with the Director and DON on PM, the Director acknowledged ice Plan | R 209 | The adjustments made to the elect platform ensure that functional limit are always present for each and ev client profile and that the profile can completed or finalized without com these fields. | tations /ery nnot be | |
| | (d) Activities permit | ted: and | | Date of Completion | | |
| | Based on record rev Home Support Ager "activities permitted" | view and staff interview, the ney (HSA) failed to include in the client service plan for ient records reviewed (Clients | | 09/10/2021 and ongoing | | |
| | Findings included: | | | Deficiency | | |
| | 1. On 08/04/2021 a 10:00 AM, a review document titled "Ass was completed by th document, the regist the client was a high assistance with activ | t 10:30 AM and 08/05/2021 at of Client #1's record showed a sessment and Care Plan" that he registered nurse. Within the tered nurse documented that of fall risk and required vities of daily living and | | Information regarding a client's perm activities was not completed or inclu- out of the 10 active client records re Corrective action(s) accomplishe address identified deficient pract Clients #2, #4 and #8. | ided in 3 iviewed. d to | |
| | of the client's record receiving HHA servi a week from 07/01/2 Continued review of registered nurse fail activities permitted, | es of daily living. Further review showed that the client was ce 24 hours a day, seven days 2021 through 07/31/2021. the care plan revealed that the ed to identify client-centered to direct the aide in assisting the ir highest practicable quality of | | The system used to document the c assessment performed by the Regis Nurse was updated to ensure that a permitted is a field that is present ar must be completed to finalize the assessment. The client's clinical pro- corrected and updated to ensure the complete and included this informat | stered activities ad that it ofiles were ey were | |
| | #3's record showed and Care Plan" that registered nurse. Wi registered nurse door | at 12:00 PM, a review of Client a document titled "Assessment was completed by the thin the document, the cumented that the client was a uired assistance with | | Systemic Changes To ensure the deficient practice doe recur, | es not | |

| | F OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X3) DATE SURVEY COMPLETED |
|--------------------------|---|---|---------------------|---|--|
| | | HSA-0002 | B. WING | | 08/06/2021 |
| | ROVIDER OR SUPPLIER | 5255 WISC | CONSIN AVE | NUE, NW, SUITE 501 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUST | ATEMENT OF DEFICIENCIES BE PRECEDED BY FULL REGULATORY NTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | ULD BE COMPLE |
| R 209 | daily living. Further r showed that the clie eight hours a day, so 07/01/2021 through of the care plan reve failed to identify client to direct the aide in a their highest practica 3. On 08/05/2021 a #5's record showed and Care Plan" that registered nurse. Wi registered nurse doo high fall risk and req of daily living and ins living. Further review that the client was re a day, two days a wo 08/03/2021. Continu showed a section titt was left blank. The r client-centered activ in assisting the client practicable quality of During an interview | ng and instrumental activities of review of the client's record int was receiving HHA service even days a week from 07/31/2021. Continued review ealed that the registered nurse int-centered activities permitted, assisting the client to achieve able quality of life. at 11:00 AM, a review of Client a document titled "Assessment was completed by the thin the document, the cumented that the client was a uired assistance with activities strumental activities of daily v of the client's record showed eceiving HHA service four hours eek from 06/14/2021 through ed review of the care plan ed "activities permitted" that egistered nurse failed to identify ities permitted, to direct the aide t to achieve their highest | | Systemic Changes Continued The registered nurse should doo the Assessment and include in the Care, the client's activities permi- regard to their physical, cognitive behavioral abilities. At every shift is expected to perform a series of and care. Additional specific infor- regarding the client's activities p- included in the assessment. A re- performed of all current client Assessments and Care plans. In- regarding the clients' activities p- was added. This was also review the HHAs assisting these clients Monitoring Process Routine reviews of Assessments Plans is conducted upon every supervisory visit or update in Ca- ensure completeness. Date of Completion 09/10/2021 and ongoing. | he Plan of Itted in e, and t, the HHA of tasks formation ermitted is eview was formation ermitted ved with |
| R 254 | (5) The telephone r maintained by the DBased on record rev | nts and Responsibilities number of the Complaint Hotline epartment; iew and interview, it was home support agency failed | R 254 | | |

STATE FORM

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED 08/06/2021 | |
|---|---|--|---|--|---|--|
| | | HSA-0002 | | | | |
| | ROVIDER OR SUPPLIER | 5255 WISC | | ATE, ZIP CODE NUE, NW, SUITE 501 0015 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUST | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | LD BE COMPLE | |
| тад R 254 | (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 12 to accurately instruct clients on the telephone number of the complaint hotline maintained by the Department in three of ten active records reviewed (Clients #3, #4, and #5). Findings included: On 08/04/2021 at 12:00 PM, a review of Client #3's record showed a document titled "Client Bill of Rights'. Within the second paragraph of this document, it states "if the client is an adult, to receive written information describing procedures for making a complaint to the Adult Protective Services Program at (202)-541-3950". The agency failed to accurately inform the client that the complaint hotline maintained by the Department is 202-442-4779. On 08/04/2021 at 1:00 PM, a review of Client #4's record showed a document titled "Client Bill of Rights'. Within the second paragraph of this document, it states "if the client is an adult, to receive written information describing procedures for making a complaint to the Adult Protective Services Program at (202)-541-3950". | | TAG R 254 | CROSS-REFERENCED TO THE APPROPRIATE | | |
| | the complaint hotline is 202-442-4779. On 08/05/2021 a #5's record showed Rights'. Within the se document, it states " receive written inforr for making a compla Services Program at | accurately inform the client that e maintained by the Department at 11:00 AM, a review of Client a document titled "Client Bill of econd paragraph of this if the client is an adult, to mation describing procedures int to the Adult Protective t (202)-541-3950". | | D, attached to the client services agreement. The Department of H complaint hotline number is adde and underlined and also found or page of the Client Bill of Rights fo copy of the updated agreement w provided to the Department. | ealth's d in bold the front rm. A | |

| Health Regulation & Licensing STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--|--|--|--|---|-------------------------------|--|
| | | HSA-0002 | B. WING | | 08/06/2021 | |
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | | |
| COREWO | DOD CARE, LLC | | CONSIN AVE TON, DC 2 | ENUE, NW, SUITE 501 20015 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY MUS | TATEMENT OF DEFICIENCIES ST BE PRECEDED BY FULL REGULATORY DENTIFYING INFORMATION) | ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | | |
| R 254 | Continued From page 13 | | R 254 | | | |
| | that the complaint hotline maintained by the Department is 202-442-4779. | | | Monitoring Process | | |
| | | v with the Director and DON on 0 PM, the Director acknowledged | | The boilerplate form used for the Client Bil Rights form for Corewood Care has been updated to reflect the correct complaint hotline number and this is noted on the firs page in bold and underlined so it is visible current clients and new clients have the correct Department of Health complaint hotline number compliant with the laws of District of Columbia. Corewood care has amended the Client Bill of Rights form to ensure that the correct information is provi and so that the deficient practice does not reoccur. Date of Completion 09/10/2021 and ongoing | st . All the dec | |